

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 351

Office of Registrar of Vital Statistics.

Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 13 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thedosia Gertrude Parker

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 8 Months, 2 Days

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 210 East

Cause of Death, { First (Primary), Whooping Cough  
Second (Immediate), Convulsions }

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician

Place of Burial, Evans Knob N. Notumberland Co. Pa.

Date of Burial, June 14 - 1887

{ Undertaker, Wm W. Mauder E. Baldwin M. D.

Medical Attendant.

{ Place of Business, 46 East St Address, 304 in Etched

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Barial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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The Special Attention of Physicians is Respectfully invited to the Remarks below, and to

# Health Department, City of Baltimore.

Permit No. A.352

Office of Registrar of Vital Statistics.

Ward

19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, 61 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, { Give Street and Number.

Cause of Death, { First (Primary), Second (Immediate),

Pathological Pulmonitis

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 15, 1887

{ Undertaker, Dennis Mitchell

{ Place of Business, 120 W. Fayette

Theodore Corle M. D.

Medical Attendant.

Address, 578 Hanover St.

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back.

# Health Department, City of Baltimore.

Permit No. A 353 Office of Registrar of Vital Statistics. Ward 67

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH. D

Date of Death, December 13th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Schatz

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 6 Months, 21 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 2042 Federal St

Cause of Death, { First (Primary), Tubercolar Hemipneumonitis  
Second (Immediate), Malaria

Duration of Last Sickness, 20 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, June 14 1887

{ Undertaker, Henry Koch

{ Place of Business, 1023 Pennsylvania Avenue, Address, Bayert Building

S. W. Blodder M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Especially Invited to the Following:

# Health Department, City of Baltimore.

Permit No. A 357 Office of Registrar of Vital Statistics. Ward 9<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. D

Date of Death, June 13<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Evans

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 90 Years, 8 Months, 10 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, Harvard M. D.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, { Give Street and Number. } 307 W Charles St

Cause of Death, { First (Primary), Old age  
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 15<sup>th</sup> 1887

Undertaker, J. Coughlin Hermon Carter M. D.

Place of Business, 1408 Penn Ave Address, 5189 Dundalk

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the numbers below, and to list of Discourses on Death.

# Health Department, City of Baltimore.

Permit No. A 353

Office of Registrar of Vital Statistics.

Ward 12<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. B

Date of Death, June 13<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Garbude Shore.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 21 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Montgomery Co Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 1401 Division St.

Cause of Death, { First (Primary), Uremia from Acute Kidney Disease. Second (Immediate), Convulsions. }

Duration of Last Sickness, One wk.

All the above information should be furnished by the Physician.

Place of Burial, Barnstable Ma

Date of Burial, June 14<sup>th</sup> 1887

F. J. Flannery

M. D.

Undertaker, J. B. Flannery

Medical Attendant.

Place of Business, 1408 Penn Ave Address, 1701 Dr. Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4717 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. A 356 Office of Registrar of Vital Statistics. Ward 2  $\frac{1}{4}$

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

Date of Death,

*Unknown*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about 30 Years, Months, Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *Supposed to be a Sailor*

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, " "

Place of Death, { Give Street and Number. } *Taken out of water (Back lawn) foot of Cathedral*

Cause of Death, { First (Primary), *Supposed to be Accidental drowning* Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *E. Pub. Cemetery*

Date of Burial, *June 14<sup>th</sup> 1887*

Undertaker, *Geo. Rinehart* *Off Peale St* M. D. *Coroner*

Place of Business, *Health Office* Address, *403 W Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to LIST of DISEASES on BACK of this Card.

# Health Department, City of Baltimore.

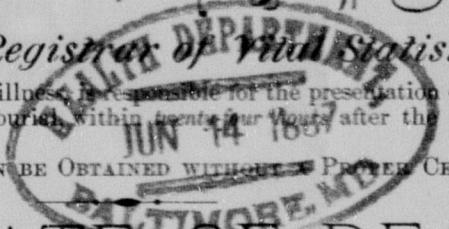
Permit No. A 357

Office of Registrar of Vital Statistics.

Ward 11<sup>1/4</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



C

## CERTIFICATE OF DEATH.

Date of Death, June 13, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hannah Henry

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 6 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give Street and Number. } 327 Poston near Linden at

Cause of Death, { First (Primary), septicæmia  
Second (Immediate), sepsis }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 14, 1887

Undertaker, C. T. Scriven

Place of Business, 925 Madison Address, 922 Madison Ave

I believe this to be the result of  
scrofula: I did not  
attend her in scrofula  
G. Lane Daugherty M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this form.

# Health Department, City of Baltimore.

Permit No. A 358

Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. B

Date of Death, June 13/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George H. Davison

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 3 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 1936 Orleans St.

Cause of Death, { First (Primary), Marasmus  
Second (Immediate), }

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, June 14 1887

{ Undertaker, Palm Cemetery.

{ Place of Business, 2808 Orleans Address,

M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of Form.

# Health Department, City of Baltimore.

Permit No. **359**

Office of Registrar of Vital Statistics.

Ward **811**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

State, accurately filled out, deceased, or sooner, if

## CERTIFICATE OF DEATH **B**

Date of Death, **June 12<sup>th</sup>**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **John Sullivan**

Sex, Male or Female, { Cross out the word not required in this line. } **Male**

Age, **75** Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. } **Single**

Occupation, **Laborer**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Ireland**

Duration of Residence in the City of Baltimore, **Not known**

Place of Death, { Give Street and Number. } **10 Hubbards Court.**

Cause of Death, { First (Primary), **Chronic Malaria**, Second (Immediate), **Pneumonia - Exposure** }

Duration of Last Sickness, **2 weeks.**

All the above information should be furnished by the Physician.

Place of Burial, **Holy Cross Cemetery**

Date of Burial, **June 14, 1884**

Undertaker, **M. A. Dayn. Atty.**

Place of Business, **229 S. Bay.** Address, **819 E. Church**

*J.B. Saunders* M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to this Office of DISCUSSION OR DRAWS.

# Health Department, City of Baltimore.

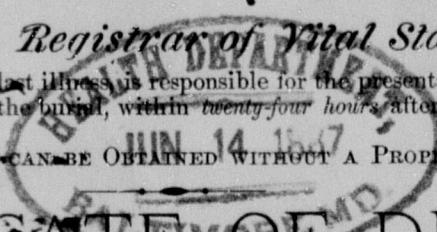
Permit No. A. 36

Office of Registrar of Vital Statistics.

Ward 4<sup>1/4</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

## CERTIFICATE OF DEATH.

Date of Death, June 13<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Bernard Gauvrecht

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 58 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Butcher

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give Street and Number. }

307 N Exeter

Cause of Death, { First (Primary),

Heart disease and Embolism

Second (Immediate), Gangrene of nearly the whole of the right leg

Duration of Last Sickness, about nine months

All the above information should be furnished by the Physician.

Place of Burial, Chab Shalom

Date of Burial, June 14<sup>th</sup> 1887

A Friedewald

M. D.

Undertaker, Evans & Spence

Medical Attendant.

Place of Business, 1000 E. Baltimore Address, 310 N Eutaw Str

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]